

## **Proposed Amendments to 105 CMR 150.000 for the Implementation of Minimum Standards for Dementia Special Care Units**

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# *Dementia Special Care Units*

- Chapter 142 of the Acts of 2012 requires the Department to promulgate regulations to establish minimum standards for Dementia Special Care Units (DSCUs)
  - Dementia-specific training for all direct care workers, activities directors and supervisors of direct care workers in both traditional nursing homes and DSCUs;
  - Activities programs in DSCUs; and
  - Guidelines for DSCU physical design
- Statute includes a Disclosure provision that promotes transparency and consumer decision-making

- Public comment period ended September 20, 2013.
- 15 organizations and individuals submitted comments on DSCU proposed amendments.
- No oral or written testimony received on Serious Injury and Accident Reports and Disaster Plans – DPH not recommending changes to these proposed amendments.

# *DSCU Comments and Proposed Changes*

# Definitions: Direct Care Worker

## Comments

- Several parties concerned about clarity of definition re: practitioners that may come to nursing home providing specific service i.e. dentists/podiatrists, and PCPs that are part of on-call medical coverage arrangements.

## Proposed Change

- Staff adjusted definition of “direct care worker” to exclude office-based practitioners whose primary practice site is not in the long term care facility.

# Initial Training

## Comments

- Several parties concerned that staff member who works at more than one long term care facility would need to receive same initial training from each employer – recommended provision for portability of initial training.

## Proposed Change

- Staff included language to clarify that an individual must receive initial training only once in his/her lifetime, unless individual had lapse of employment in long term care for 24 consecutive months or more. Allows initial training to be portable from one employer to future employers.

# Initial Training

## Comments

- Several parties concerned that requiring completion of all initial training before staff member can provide care could limit learning opportunities – suggested part of training occur while staff member is working directly with patients on unit during orientation process.

## Proposed Change

- Staff changed language in section to permit relevant employee to receive training during orientation process when he or she is under supervision of preceptor. Training must be completed by employee prior to be released from orientation process.



# Initial Training

## Comments

- Several providers opposed 90 and 180 day timeframes for training staff after effective date of regulation as too short, cited cost concerns.
- Alzheimer's Association felt 90 and 180 day timeframes are too long, do not respect the intent of the law.

## Proposed Change

- Staff proposes maintaining the original 90 and 180 day timeframes for training of existing staff.

# Responsibility for Training

## Comments

- Several commenters noted responsibility for staff training may rest with individuals other than medical director or staff development coordinator.

## Proposed Change

- Staff deleted reference to medical director and/or staff development coordinator and added language holding the facility at large responsible.

# Ongoing Annual Training

## Comments

- No specific comments noted.

## Proposed Change

- Staff added language to clarify that the required four hours of annual training is the minimum number of hours. Facilities may provide additional training as they see fit.

# Training for Volunteers

## Comments

- Golden Living requested clarification about training for volunteers.

## Proposed Change

- Staff added language requiring each long term care facility to appropriately train its volunteers for the tasks they will perform.
- Volunteers will not be subject to full training required of employees, as their duties may not require direct patient care.

# Therapeutic Activity Director

## Comments

- Alzheimer's Association and MANHR support requirement for dedicated therapeutic activity director for facility's DSCU(s) who cannot serve as overall activities director for nursing home.
- Several providers opposed this requirements.
- Three commenters suggested dedicated therapeutic activity director be required only for DSCUs with specific number of beds, or allow for waiver.

## Proposed Change

- Staff proposes maintaining requirement for dedicated therapeutic activity director.
- Staff clarified that if facility has more than one DSCU, facility only has to have one therapeutic activity director for all DSCUs, rather than dedicated director for each DSCU.

# Scheduled Therapeutic Activities

## Comments

- Providers concerned about requirement for eight “scheduled” hours of activities per day, noted meaningful activities may be unplanned.
- LeadingAge asked for elimination of requirement, allow facilities to demonstrate to DPH that they are meeting ongoing, person-centered activity requirement.
- Alzheimer’s Association agreed with eight “documented” hours instead of pre-scheduled, allow up to 2 hours to be unplanned.

## Proposed Change

- Staff proposes amending regulation so that two of the required eight hours of documented activities may be unplanned.

# Disclosure Requirement

## Comments

- PHC members recommended requiring DSCUs make their disclosure forms available to other local healthcare facilities (hospitals), and that facilities in receipt of waivers for 1 or more requirement list them on disclosure.

## Proposed Change

- Staff made changes to proposed regulations to incorporate these recommendations.

# Physical Environment: Fence Height Requirement

## Comments

- Several commenters concerned high fence would be burdensome, appear institutional and diminish residents' outdoor enjoyment.
- Few providers noted existing facilities, especially in urban areas, may never be able to meet requirement for outdoor space if fence is required – suggested waiver process for these facilities.
- Alzheimer's Association comment that secure fence or enclosure is important safety measure to prevent elopement or harm.

## Proposed Change

- Staff recommends that specific 72-inch requirement be deleted.
- Suggest regulations retain requirement for “a fence or barrier to prevent injury or elopement.”



# Physical Environment: Overhead Paging Prohibition

## Comments

- Several providers stressed that overhead paging systems have been designed to operate throughout building, may be costly/difficult to shut off system just for DSCU.
- Some commenters asked for exception during emergency situations when immediate staff notification is necessary.

## Proposed Change

- Staff added language that permits the use of overhead paging in cases of emergency.

## Next Steps

- Questions?
- Requesting final promulgation of regulations